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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Studio Zero Environmental Solutions, LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert J. Cannellos II

(Name of Person)

Studio Zero Environmental Solutions, LLC.

(Firm/Company)

416 Hibiscus Avenue

(Address)

Stuart, Florida 34996

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Cannellos

(Name of Person)

at ( 561 ) 252-8357

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Studio Zero Environmental Solutions, LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

416 Hibiscus Avenue  
Stuart, Florida 34996

#### Mailing Address:

Same  
Same

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Robert J. Cannellos II

Name

416 Hibiscus Avenue

Florida street address (P.O. Box **NOT** acceptable)

Stuart, FL 34996

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Robert J. Cannellos II

416 Hibiscus Avenue

Stuart, Florida 34996

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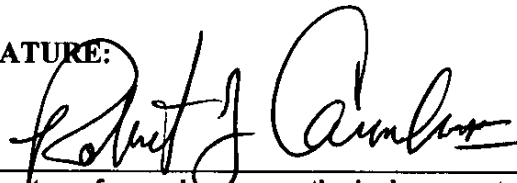
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert J. Cannellos II

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or 621, F.S. (Profit)

**Article I: Name of Corporation**

Studio Zero Environmental Solutions, LLC.

**Article II: Principal Place of Business**

416 Hibiscus Avenue  
Stuart, Fl. 34996

**Article III: Mailing Address**

416 Hibiscus Avenue  
Stuart, Fl. 34996

**Article IV: Purpose**

Any and all lawful business

**Article V: Authorized Shares of Stock**

1,000,000 (one million)

**Article VI: Registered Agent**

**Robert John Cannellos II**  
416 Hibiscus Avenue  
Stuart, Fl. 34996

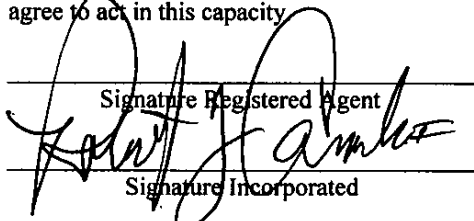
**Article VII: Incorporator**

**Robert John Cannellos II**  
416 Hibiscus Avenue  
Stuart, Fl. 34996

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature Registered Agent  
\_\_\_\_\_  
Signature Incorporated

\_\_\_\_\_  
DATE  
11-10-06  
\_\_\_\_\_  
DATE